

INDEPENDENT REVIEWERS OF TEXAS, INC.

2150 S. Central Expressway · Suite 200-264 · McKinney, Texas 75070

Office 214-533-2864 Fax 214-380-5015

e-mail: independentreviewers@hotmail.com

[Date notice sent to all parties]:

11/2/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bilateral Knee steroid injection and series of 3 Orthovisc injections

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned disagree

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This lady was injured. She had ORIF of the bilateral tibial plateaus and she has been treated conservatively since that time. She has had previous steroid injections with temporary relief. She has also had periodic injections with Orthovisc with relief of symptoms. She XX years of age. Her x-rays show significant degenerative changes in the knees. Her most recent examination reported crepitus bilaterally with palpable hypertrophic bony spurring. She has limited range of motion with crepitus and pain at extremes. The knees are stable except for the right knee laxity in valgus.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the ODG recommendations, criteria for repeat injections with viscosupplementation includes the following;
Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness.
Repeat series of injections: If documented significant improvement in symptoms for

6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. This claimant has an original date of injury xxxxxx with xxxx. She has responded well to injections with both steroid and Orthovisc, and the last series of Orthovisc was 7 months ago. She had good results from that series with pain relief for xxxxx. She is XX years of age and total knee arthroplasty should be delayed as long as possible. She has met the ODG criteria for repeat injections and the request should be approved. She is working, taking Mobic, and she has functional limitations due to the knee pain and dysfunction.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**